

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083972

FILED
Apr 08, 2009
Secretary of State

Entity Name: SIGNATURE TITLE OF TAMPA BAY, INC.

Current Principal Place of Business:

8520 GOVERNMENT DR, SUITE 1
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

8520 GOVERNMENT DR, SUITE 1
NEW PORT RICHEY, FL 34654

Current Mailing Address:

8520 GOVERNMENT DR, SUITE 1
NEW PORT RICHEY, FL 34652

New Mailing Address:

8520 GOVERNMENT DR, SUITE 1
NEW PORT RICHEY, FL 34654

FEI Number: 20-5100984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALOGIANIS, CONSTANTINE
8520 GOVERNMENT DRIVE, SUITE 1
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALOGIANIS, CONSTANTINE
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: KALOGIANIS, KATHY
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: KALOGIANIS, FRANKI
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KALOGIANIS, CONSTANTINE
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S (X) Change () Addition
Name: KALOGIANIS, KATHY
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S (X) Change () Addition
Name: KALOGIANIS, FRANKI
Address: 8520 GOVERNMENT DRIVE, SUITE 1
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANTINE KALOGIANIS

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date